Dear Registered Voter:

Missouri Statutes now allow election authorities to automatically send Absentee Applications to all voters who are permanently disabled. If you consider yourself to be in this classification, please complete the form below, return it to the Kansas City Board of Election Commissioners, Attn: Absentee Department, 4407 Dr. Martin Luther King Jr. Blvd. Kansas City, MO 64130. You may also fax the document to us directly at 816-221-3348. In the future you will automatically be sent an application for every election in which you are eligible to vote.

If you have questions concerning this form, please contact the Absentee Department at 816-842-4820 extension 227.

KANSAS CITY BOARD OF ELECTION COMMISSIONERS
VERIFICATION OF PERMANENTLY DISABLED VOTER

State of Missouri
County of Jackson
City of Kansas City

I, ________________________________________, declare that I am a resident (Please print) and registered voter of Kansas City, Jackson County, Missouri, and am permanently disabled. I hereby request that my name be placed on the Kansas City Election Board’s list of voters qualified to participate as an absentee voter pursuant to section 115.284 RSMo and that I am delivered an absentee ballot application for each election in which I am eligible to vote.

_________________________________                           ________________
Signature                                                              Date
Birth Date

__________________________________________                            Signature and address of
Address                                                                 Apt.                                 Last four digits of SS#
City                                       State                         Zip
assisting person:

_________________________
_________________________